



Effingham County Health Department

"Where Prevention Begins"



901 West Virginia, P.O. Box 685
Effingham, Illinois 62401

Phone (217) 342-9237
Fax (217) 342-9324

APPLICATION TO REGISTER A COTTAGE FOOD OPERATION

Name of Business: _____

Owner of Business: _____ Phone #: _____

Address where food is being prepared: _____

Mailing address (if different from above): _____

Location of Farmers' Markets: _____

Certified Food Protection Manager (CFPM) Certification

Name	ID Number	Expires

Allowable Products - Please circle the items you will be making and selling:

Dry Herb Dry Herb Blend Dry Tea Blend intended for end-use only: _____

Jam / Jelly / Preserves / Fruit Pie:

apple apricot grape peach plum quince orange nectarine tangerine blackberry
raspberry blueberry boysenberry cherry cranberry strawberry red currants
combination of the above: _____

Fruit Butter:

apple apricot grape peach plum quince prune

Breads / Cookies / Cakes / Pastries: _____

Prohibited Items: Pumpkin pie, sweet potato pie, cheesecake, custard pies, and cream pies, as well as pastries with potentially hazardous fillings or toppings. Pumpkin, banana, and pear butters are not allowed. Rhubarb, tomato, pepper, and watermelon jellies or jams are not allowed as well.

Other Products – Other jams, jellies, preserves, fruit butters, and fruit pies not listed as allowable may be produced if the cottage food operator’s recipe has been tested and documented by a commercial laboratory as being not potentially hazardous, containing a pH equilibrium of less than 4.6

The following product(s) have been tested by a commercial laboratory and deemed “Not Potentially Hazardous” with a pH below 4.6 (attach a copy of laboratory results).

Product Labeling –All cottage foods must be labeled with the information outlined below. Attach a sample label with your Registration Application.

- The name and physical address of the cottage food operation
- The common or usual name of the food product.
- All ingredients – including colors, artificial flavors, and preservatives – listed in decreasing order of prominence by weight.
- Statement: **“This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens.”**
- The date the product was processed.
- Allergen labeling as specified in federal labeling requirements.

Owner’s Statements

I, _____, agree to grant access to Effingham County Health Department to conduct an inspection of my cottage food operation’s primary domestic residence in the event of a consumer complaint or foodborne illness outbreak.

Signature(s) of Owner: _____ Date: _____

_____ Date: _____

Please return the completed application form, a sample label, and (if applicable) copies of laboratory results to: Effingham County Health Department

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